**Proposal to Implement Morbidity and Mortality Conference**

**Authors**

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**Introduction**

Morbidity and Mortality conferences were first introduced in the early 1900s at Massachusetts General Hospital for surgery programs, and in some programs are known as the “golden hour” of residency due to its educational value. Since then, M&M conferences have taken several forms, with some modifications in focus as the medical culture has changed. In 1983, the ACGME required regular reviews of morbidities and mortalities at all accredited residency training programs. (4)

In a 2007 study of family medicine residencies, 63% of responding residency directors reported holding M&M conferences at their institutions. 82% of university-based institutions and 42.3% of community based programs held M&M conferences, the majority of which were monthly. Interestingly, 57% of programs reported educational or systemic changes, most commonly changes in protocol, occurred as a result of M&M. (2)

CCRMC aims to train skilled and competent physicians who are dedicated to caring for the underserved. Although we work in a community based system, we must hold ourselves to the same rigorous standards as our university-based colleagues. Implementing a resident run M&M at our institution is consistent with desire to continue to keep our program in the top tier of training sites in the country.

M&M is not only an ACGME requirement, but teaches us “how to think like a doctor”, focusing on the thinking process, teaching, and the importance of lifelong learning and improvement. Our M&M proceedings should be “non-intimidating, nonjudgmental, and non-punitive (3)” to emphasize the concept that it is paramount to keep an open, honest dialogue with our peers about patient care.

**Definition**

M&M fills a solely educational function and includes collegial, open discussion of situations. It may or may not include evaluation of individual physician; if it does, it is very general so as to not disrupt the collegial open nature. M&M is not confidential or protected from legal discovery. However, there are immunity laws at the state and federal level. It fills a CME function for medical staff. (citation)

**Goals**

M&M will help to fill all of the core ACGME competencies:

1. Patient Care

2. Medical Knowledge

3. Practice-Based Learning and Improvement

4. Interpersonal and Communication Skills

5. Professionalism

6. Systems-Based Practice

A Morbidity and Mortality conference will positively impact our program and our education in several ways. The ability to evaluate adverse outcomes thoroughly and honestly is integral to becoming a more skilled and responsible physician, as well as improving patient safety. Currently, our program is lacking a formal process whereby residents can analyze adverse outcomes and strategize about what led to these outcomes and how they might be prevented or improved upon in the future. Another educational benefit will be the process of researching, preparing and presenting a formal talk on a given case. This is a skill that will serve people well regardless of what type of practice they choose to have after residency. In addition, a formal Morbidity and Mortality series will be another desirable element of our program when finalizing our affiliation with UCSF, and also when recruiting students to apply to our program.

**Curriculum Changes**

For long term sustainability, preparation for morbidity and mortality conference needs to be built into our required curriculum as residents. It will need to be integrated in several ways. The ideal venue for the conference is the inpatient lecture time from 8-9 AM that both Medicine and FMS residents attend every morning. Alternatively, noon conference is a possible venue to do the presentation. We prefer AM lecture because it is already a well-established learning hour, and noon conference is often difficult to attend due to clinic commitments at outlying sites. The conference will occur once per block, likely the 3rd or 4th week. A broader invitation will be extended to any residents and faculty who wish to attend. In addition, all residents will be required to attend at least 6 conferences per year. Our preferred day of the week to hold the conference is Friday morning, because it will precede the existing PBL lectures. This can be added on to PBL, which will increase resident participation.

The resident giving the M&M talk will be a third year on one of the following rotations: TLC rotation, or alternatively, Outpatient Medicine. Giving one M&M talk will be required for graduation from the program. The cases can be picked from a variety of possible sources: a resident’s own experience on inpatient services or the existing lists of significant cases from each department.

**Feasibility**

We want to provide a simple breakfast for conference attendees. Possible funding sources for the conference food and supplies include Med Staff (contact Ori Tziveli) PDOCC (contact David McDonald), or ACCMA (contact Joseph Greaves). Sample menu from Noah’s: bagels & shmear for 50, coffee for 30, and small fruit salad for 8 totals $122.

Each resident presenter can be paired with a faculty advisor to help edit the presentation. Faculty can either sign up on a block by block basis to advise residents or each resident can identify and approach a faculty advisor.

Ori Tziveli has offered to moderate the presentations. The moderator’s role will be to assist with fielding questions, time management, and laying down and enforcing guidelines for the discussion period, in addition to staying true to the goal of maintaining a collegial environment. At the beginning of each conference, the moderator will remind attendees of the ground rules and give progress updates about outstanding issues or questions from the prior conferences. The moderator will reinforce the goal of the conference which is to encourage the thinking process, education, and quality improvement in an open, non threatening, and non judgmental space. The focus is not on highlighting individual mistakes but on identifying learning points and systems improvements.

CME credits will be available for faculty who attend. We are working with Alan Siegel to make this possible. The faculty evaluator for TLC will be in charge of evaluating the conference and keeping track of completion for the graduation requirement. The moderator will be in charge of collecting the sign-in sheets and delivering them to the residency office to track attendance.

The four of us (Abby L, Leah, Jim and Jeana) will be doing trial presentations during the spring of 2013 to smooth out any bumps in the process of creating and presenting an M&M. If desired by RLG, we can trial different times and venues (noon conference vs ICU lecture) to see what is more feasible.

**Future Directions and Recommendations**

We feel that M&M conference is an important addition to our residency because the ability to evaluate adverse outcomes thoroughly and honestly is integral to becoming a more skilled and responsible physician, improving patient safety, and gaining skills for lifelong learning. We want this to be a curriculum change to encourage full participation by residents and staff and to create a sustainable program. Logistically, we propose that the conference occurs during ICU rounds one morning per month, and attendance is required for all residents on inpatient rotations as well as PBL attendees. Ideally, AM resident outpatient obligations would start late to encourage all residents to attend. The case would be presented by a 3rd year resident on a specific rotation and the case would be picked from resident's personal cases or a list of pre-assigned cases. Preparation guidelines are below.

We see opportunity for future projects springing from the M&M conferences. One of the presentation goals will be to identify systems issues and possible improvements. Residents or faculty interested in quality improvement could take up the identified issues and work on them. In addition, Kaizen might be interested in taking on some of the systems improvements projects.

We hope that this conference will also eventually provide a venue for cross-department conversation and collaboration to work on problem areas.

**Sources**

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